

| CLAIMS ONLY | | | | | | | Application Number 10802188 | | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------------------------|--|---|--|--|--|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | | | May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
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| Total Depend | 5 | | | | | | | | | | | |
| Total Claims | 7 | | | | | | | | | | | |
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Filing Date

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| Applicant(s) | |
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* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Depend | 5 | | | | | |
| Total Claims | 7 | | | | | |

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